

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES

REQUEST FOR PROPOSALS FOR THE DEVELOPMENT OF
INVOLUNTARY OUTPATIENT COMMITMENT PROGRAMS

JANUARY 13, 2012

Lynn A. Kovich, Assistant Commissioner
Division of Mental Health and Addiction Services

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES
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I. INTRODUCTION

Based upon the growing body of research and knowledge in the recovery field as well as first hand accounts from people recovering from mental illness, a broadening community of consumers, families, advocates, constituents and the New Jersey Division of Mental Health and Addiction Services believe that people with mental illness can achieve, with effective supports and services, wellness and recovery. It is clear that many consumers of mental health services are able to identify and articulate their service and support needs. A strong, responsive system can recognize and meet the varied needs of people as they experience the recovery process. Towards that end, it is the Division's policy to ensure that consumers and families have access to a system of recovery oriented services and resources that promote wellness, an improved quality of life and community inclusion. However, there are consumers who are not willing to engage in activities and programs that will enhance their recovery, not willing to receive treatment voluntarily, and who are dangerous enough to themselves or others or property when they do not engage that the state may intervene. Before the passage of a recent law, those consumers were, based on a clinical and legal assessment of their dangerousness due to mental illness, committed to an inpatient program.

II. BACKGROUND

On August 11, 2009, Governor Corzine signed P.L. 2009, ch. 112, commonly known as the Involuntary Outpatient Commitment to Treatment Law. The law reiterates the state's obligation to provide treatment in the least restrictive appropriate setting, even if the consumer will not consent to treatment, and it makes a number of changes that will affect all consumers of mental health services being evaluated for the need for involuntary treatment. This legislation was to be phased in beginning in August 11, 2010 in seven counties with the remaining counties coming on line in Fiscal Years 2012 and 2013, but adequate financial resources were not appropriated for IOC implementation in FY 2011. Consequently, DMHAS could not proceed to designate outpatient treatment providers necessary to support operation of the law and delayed the implementation of IOC in FY 2011. The clear intent of the law, however, is to provide a new option: supervision in the community for a class of consumers that the legislature agreed was not well-served without this law. This population comprises those who are not willing to receive treatment voluntarily and will become, in the foreseeable future, dangerous enough because of a mental illness to require supervision, but who are not so imminently dangerous that they need to be physically confined in an inpatient program.

This Request for Proposals specifically requires successful applicants to provide an assessment of the current availability of appropriate outpatient services in the county served

by each agency that responds to the request, a plan for how the applicant will coordinate or provide the services needed by consumers who meet the standard for outpatient commitment that will support their recovery, a description of how the applicant will promote treatment adherence for community consumers who are ordered to comply with a treatment plan, a description of how the applicant will interface with the court system and referral sources, and a description of how the applicant will evaluate the effectiveness of and future needs for such services.

III. PURPOSE / GOAL OF REQUEST

In an effort to increase access to treatment and support services for those ordered committed to treatment in the community, the purpose of this RFP is to develop services and efficiently utilize any appropriate and available outpatient service capacity that can be accessed by consumers referred for evaluation and involuntary treatment by State and County Hospitals, Short Term Care Facilities and Designated Screening Services or ordered by a court to be treated involuntarily in the community. The services available to those consumers must be designed and implemented in a manner which reflects recovery as an overarching value as well as an operational principle.

The Division of Mental Health and Addiction Services seeks proposals to provide involuntary outpatient commitment (IOC) programs in up to seven counties chosen for the first year of implementation. Successful applicants will be required to provide a comprehensive outpatient service, coordination and referral system that addresses the needs of individuals committed to outpatient treatment, including:

- consumer-inclusive treatment planning and development;
- treatment plan adherence support;
- assessment of dangerousness and clinical progress;
- arrangements for transportation to court hearings, evaluations, and programs;
- provision of or direct linkage to ongoing clinical and support services as identified in each consumer's Wellness Recovery Action Plan (WRAP) and any psychiatric advance directive and
- capacity to interface with the court system, including but not limited to, the committing judge, the county adjuster's office and the lawyers involved in the process.

Applicants will be required to identify capacity that exists in their county's complement of services appropriate to provide community based ambulatory treatment alternatives for adults who have serious and persistent mental illnesses and meet the outpatient commitment standard, and to create services where no capacity exists to meet an identified need. They shall propose and describe implementation of clinical and practical interventions to increase the consumers' participation in the services, a method for monitoring adherence in each case, and articulate the process they will use to return the consumer to the screening center or the court for modifications of the involuntary commitment order and / or treatment plan if the consumer is substantially out of compliance with the court ordered plan. The applicants will

describe how consumer choice will be addressed, and to the extent possible, how consumer preference to continue treatment with providers with whom they are already linked will be accommodated.

Successful applicants will be chosen based on their ability to provide and/or identify appropriate services and to describe case management and coordination services they will supply and/or access that will provide adequate monitoring to assure the safety of the consumers and the public. Because other states with outpatient commitment laws have experienced marked differences in the number and kinds of consumers referred for outpatient commitment from cities as opposed to rural and suburban settings, the cohort of programs selected for implementation will ideally represent a cross-section of urban / rural / suburban settings in the state to enhance the accuracy of evaluation results for the first year and the Division's ability to identify different program and funding requirements for various settings.

Successful applicants must be capable of accepting referrals up to the capacity identified in their proposal from the Designated Screening Service, inpatient acute care mental health settings and directly from a court 7 days a week. They must demonstrate the capacity to:

1. provide or access a psychiatric evaluation of each consumer who is referred from the Designated Screening Service (DSS) or inpatient unit, within 24 hours of the consumer's referral to IOC from the DSS, and within a reasonable time from the consumer's referral from an inpatient unit or other provider;
2. initiate court proceedings for the involuntary commitment, and to develop with the referring agency an individual treatment and recovery plan designed to address the consumer's individual treatment needs;
3. provide or assure availability of transportation to all scheduled court hearings and other appointments related to the IOC treatment plan;
4. provide testimony at all scheduled court hearings from a psychiatrist on the consumer's treatment team and other staff involved in the consumer's care;
5. initiate linkages to community providers and referrals or commitments to inpatient treatment where the provider's evaluation does not support the involuntary commitment to outpatient treatment;
6. provide or access treatment for all consumers referred for IOC;
7. continuously evaluate the consumer's dangerousness, willingness to voluntarily accept services, and need for commitment;
8. be responsible for initiating and implementing the consumer's treatment plan that includes providing and/or referring to substance abuse treatment when indicated;
9. include the consumer and family members, where appropriate and authorized by the consumer or a court, in the ongoing process of updating the treatment plan;
10. report to the court when a consumer is not in material compliance with the approved plan, or when a plan is inadequate to meet the consumer's needs;
11. report to the County Adjuster when a consumer is no longer in need of commitment and is administratively discharged;
12. establish policies, protocols and affiliation agreements as appropriate with the appropriate County Counsel, County Adjuster's Office and the Department of the Public Defender's Division of Mental Health and Guardianship Advocacy or county –provided

attorneys who will represent consumers in commitment hearings for the purpose of effectuating the commitment through initiating, monitoring and managing those hearings; and

13. train or arrange for training for consumers, family members of consumers, medical and mental health service providers, emergency personnel, police, jails and others who may be involved in referring or treating persons who are or may be subject to outpatient commitment orders.

Successful applicants will describe how they will involve peers, staff and family members in the delivery of as many of the program elements as possible.

The awardees will be required to report quarterly on:

1. the number of IOC consumers referred and how many of those IOC consumers have ever been committed to inpatient treatment in the past;
2. the outcomes for each IOC consumer;
3. the number of IOC consumers referred to screening and the number subsequently hospitalized;
4. the number of IOC consumers discharged and the services provided as follow up on a voluntary basis, and
5. the number of IOC consumers arrested or charged with crimes during monitoring.

In addition, the awardees will be required to submit an annual aggregation of comments by the committed consumers to assess their reaction to the process and services provided. DMHAS will arrange for an independent evaluation of IOC and awardees will be required to submit requested information and data, deidentified to maintain the confidentiality of consumers, to the evaluation entity as part of their service contract with DMHAS.

Successful applicants will describe how referrals will be accommodated within the proposed complement of services regardless of the individual's insurance coverage or ability to pay for services, and their experience with and ability to access insurance or other financial resources for those clients who have such resources.

IV. SERVICE OUTCOME REQUIREMENTS

Successful awardees will be able to demonstrate the provision of new services, access to existing services and/or restructuring or enhancement of existing services, if necessary, which accomplish the following goals:

1. To establish a system for the management and provision of services to individuals involuntarily committed to outpatient treatment within an identified county. Applicants will be required to develop affiliation agreements with other mental health service providers including the Designated Screening Service and where applicable Intensive Outpatient and Early Intervention Programs in the identified county where affiliations are necessary to assure a sufficient number of services will be available and to maximize consumer access to the most appropriate treatment modality. Applicants will be

required to demonstrate sufficient affiliations to minimize incidents of disruption of services with a provider with whom the consumer is already engaged. Applicants are encouraged to provide letters of support from one or more of the local stakeholder groups including, but not limited to, consumer, family and provider organizations.

2. To assure that individuals involuntarily committed to outpatient treatment are offered culturally and linguistically competent services. The applicant will propose a methodology for identifying services which are culturally diverse within the proposed service complement, and will commit to providing or monitoring on-going training and assessment of cultural competence of all service partners.

3. To assure that individuals involuntarily committed to outpatient treatment have access to transportation both to appropriate services and to scheduled court appearances related to her/his IOC status. Transportation may be coordinated via publicly available services such as bus and train routes. The applicant must describe the transportation alternatives that will be made available to individuals who do not have reasonable access to public or private transportation.

4. To establish and maintain stabilization and ongoing recovery supports to individuals involuntarily committed to outpatient treatment in such a manner as to sustain community tenure and promote social inclusion. The applicant must describe how it plans to reframe with individuals the coercive elements of IOC to that of a recovery oriented service. The applicant must describe how it will coordinate the development of consumer centered treatment plans, WRAP plans and Psychiatric Advanced Directives. This description is to include the development of the initial documents and the process for reviewing and updating plans. The applicant will also describe the criteria and process for determining that an individual is ready for discharge from IOC.

5. To create rapid access to services which can address the intensive needs of individuals who, in the absence of this service, might have no option but hospitalization for stabilization.

6. To maintain or enhance the quality of life of individuals involuntarily committed to outpatient treatment and their families.

V. POPULATION TO BE SERVED

The population to be served by this program is those adults, 18 years of age or older who have serious and persistent mental illness and who have been committed or presented for commitment to involuntary outpatient treatment. IOC may be initiated by the Designated Screening Service, an inpatient provider, or an outpatient treatment provider for individuals who are residents of the county for which the successful applicant is designated and who may require intensive outpatient clinical and recovery oriented supports to return to the community or sustain their community tenure. An individual may also occasionally be committed to involuntary outpatient treatment via the alternate route (N.J.S. 30:4-27.10b) or by the Attorney General or County Prosecutor's submission to the court for involuntary

treatment of an inmate who is scheduled for release upon expiration of maximum term of incarceration (N.J.S. 30:4-27.10c).

Individuals eligible for IOC must:

- Meet the legal standard for IOC pursuant to P.L. 2009, c.112.
- Be assessed as able to be safely served in an outpatient setting.
- Be 18 years of age or older.
- Have the capacity to participate in their treatment and development of their individual Wellness/Recovery Action Plan, even if unwilling to do so.
- Not be an imminent risk of danger to self or others or property.
- Not be at imminent risk of a medical crisis.

VI. SERVICE DEVELOPMENT AREAS AND FUNDING AVAILABILITY

Annualized funding of up to \$2 million is available through this RFP to competitively award one or more IOC programs in up to seven counties during the first year of implementation. It is expected that the provider of these services will generate income from third party entities such as Medicaid and private insurance. One-time funds are available to support necessary equipment, supplies, and other related start-up costs.

DMHAS expects to select programs that give wide representation to diverse areas of the state, both demographically and geographically, keeping in mind the availability of needed ancillary resources in each area.

VII. PROVIDER QUALIFICATIONS

In order to be eligible for consideration for funding under this RFP, applicants must meet the following qualifications:

The applicant must be a fiscally viable for-profit or non-profit corporation or a government entity and document demonstrable experience in successfully providing outpatient mental health services and supports to adults who have severe and persistent mental illness in a manner fully consonant with recovery principles.

The applicant must be a corporation duly registered to conduct business within the State of New Jersey.

The applicant must demonstrate the ability to comply with all rules and regulations for any DMHAS program element of service proposed by the applicant.

The applicant must comply with the terms and conditions of the Department of Human Services' contracting rules and regulations as set forth in the DHS Standard Language Document, the Contract Reimbursement Manual (CRM), and the Contract Policy and Information Manual (CPIM).

Any fiscally viable corporation, as noted above, which meets the qualifications of the Department of Human Services' Contract Policy and Information Manual, N.J.A.C. 10:3, may apply. A copy of this manual can be accessed from the webpage of the Office of Contract Policy and Management webpage at: http://dhs.state.nj.us/humanservices/ocpm/contract_manuals.htm.

Applicants may contact the Division of Mental Health and Addiction Services Contract Unit at 609-777-0628 with general questions about the requirements in these manuals.

Draft Affiliation Agreements or letters of intent between the applicant and any relevant program partners must be included in the application. Affiliation Agreements shall focus on the working relationships between and among the parties, including identifying contact people within each agency, timeframes for response regarding referrals, and information needed when making referrals.

VIII. CLUSTERING, INCENTIVES AND FISCAL CONSEQUENCES RELATED TO PERFORMANCE

Programs awarded pursuant to this RFP will be separately clustered until such time as the DMHAS determines, in its sole discretion, that the program is stable in terms of service provision, expenditures and applicable revenue generation.

Contract commitments will be negotiated based upon representations made in response to this RFP. Failure to deliver contract commitments may result in a reduction of compensation or contract termination.

IX. REQUIREMENTS FOR PROPOSALS

All responses should be indexed with all pages clearly numbered. The Funding Application Cover Sheet (Attachment A), Statement of Assurances (Attachment B), and Certification (Attachment C) must be attached. All responses must include the following content:

- A. A complete description of how the applicant (and partners if applicable) will establish and operate the solicited services to meet the goals listed previously, and in particular providing:
 1. An overview of the total service package detailing how the service will integrate within the continuum of services in the geographic area in which applicant proposes service development;
 2. A comprehensive description of the service components and methods that will be employed to achieve the service objectives, clinical interventions, recovery supports and access to ongoing services;

3. Assurances that the service components that comprise the total service package will be licensed if licensure is required for the particular service component, and that all involved independent practitioners to whom consumers may be referred will be appropriately licensed by the State Division of Consumer Affairs;
4. A specification of the number, qualifications and skills of the clinical, nursing, family/peer and support services staff comprising the service package, as well job descriptions for each position;
5. A programmatic organizational table clearly showing the program, administrative, and support staff that will be assigned to the outpatient commitment program (indicate staff in terms of FTE);
6. A sample schedule for service accessibility showing service activities, staffing, and treatment modalities to be provided for consumers;
7. A clear delineation of any partner entities and how the service package will be coordinated. Clearly state the services to be provided by each agency and program. Explain also the mechanisms for coordination of care, and problem resolution between agencies, including draft affiliation agreements or letters of intent, as appropriate;
8. An explanation of how the proposed service will interface with the Designated Screening Program, with regard to accepting new consumers into the outpatient commitment program as well as for consumers enrolled in the outpatient commitment program who require screening services;
9. A description of how the proposed service will interface with inpatient and other referral sources;
10. A specific, time-framed plan for phase in and full implementation of program operations. Please note that programs are required to be operational no later than June 1, 2012.
11. A description of the management and supervision methods that will be used, and the procedures for monitoring the performance of staff;
12. A sample outline that displays the anticipated process by which a consumer is referred to involuntary outpatient commitment, enrolled and then discharged from involuntary outpatient commitment status;
13. The specific methods to be used to measure and evaluate service outcomes and the quality of service, including agency specific forms and tools which will be employed to capture and assess both consumer and program outcomes. Include a full written description of proposed evaluative processes with your application. Identify and quantify the specific consumer and system outcomes your program will produce as a result of a contract with DMHAS. Identify the specific position(s) which will have

primary responsibility for evaluative activities regarding this program. Indicate an understanding that representation must be provided and utilization data shared at the monthly Systems Review Committee meetings within the applicable geographic region;

14. A description of the personnel who will interact with the courts and how expert testimony of a psychiatrist will be procured for initial referrals and subsequent scheduled IOC court dates;
 15. A description of the standard the applicant will use to determine that a consumer is or is not in material compliance with the treatment plan elements, and what objective measures will be used to determine when noncompliance renders the plan faulty or the consumer appropriate for inpatient hospitalization;
 16. A description of how transportation will be provided or arranged and specifically how local transportation resources will be employed;
 17. A discussion of the proposed service population's probable language, beliefs, norms and values, as well as socioeconomic factors that must be considered in delivering services to this population, and how the proposed service addresses issues of cultural competence and access;
 18. A discussion of the specific experience your organization has in successfully providing and/or brokering community based recovery oriented mental health services and supports to adults who have severe and persistent mental illness;
 19. An explanation of how the services determined to be needed for individual consumers will be provided regardless of the individual consumer's insurance coverage (or lack of coverage) or ability to pay for services;.
- B. A description of the program enrollment process, including:
1. An explanation of intake and engagement procedures including time frames. A description must be included of the process by which the applicant will respond to a referral for involuntary outpatient commitment from the Designated Screening Service, inpatient setting or other referral source and provide an outpatient treatment plan within 12 to 24 hours; and
 2. Specifically detail the referral and acceptance process, including the completion of the first and second physician's certificate. Also include the timeframe from referral to first appointment and how the applicant intends to monitor service demand.
- C. Discharge Criteria including a description of the discharge procedures and linkages to ongoing support and treatment services.
- D. Estimated volume of consumers to be served annually, and estimated volume of service to be provided. Provide a chart clearly delineating the proposed annual level of service

commitments and anticipated number of consumers served for each type of service proposed, including units of service both for existing services that will be leveraged to serve IOC consumers, and any new services that will be developed. Applicants must submit proposed DMHAS Annex A contract commitments for each distinct service identified in the above chart. Those documents are available at:

http://www.state.nj.us/humanservices/DMHAS/Contracts_AnnexA_indexpg.htm.

Additionally, each applicant must submit a plan for addressing consumer service needs in the event that the actual volume experienced after implementation exceeds the volume that was projected. The plan must include language in the proposed affiliation agreement with the designated screening center(s) to notify it in advance when the IOC program is at capacity and unable to accept referrals.

E. Service Utilization Status Information:

For applicants who have a current service contract with DMHAS, the application must include information on items 1-2 below relevant to the proposed service(s) to be utilized in the Involuntary Outpatient Commitment program. For non-DMHAS contract applicants, only item 2 should be addressed in the application.

1. A section or table comparing Annex A contract commitments against actual service provision in terms of consumers served and units or service in respondent's program for the most recent 2 years and an explanation of any variances exceeding 20%.
2. Information regarding filled staffing levels for direct care positions during the last 2 years, specifying the title and number of months any position was vacant.

F. Key person data: Name and credentials of individual(s) directly responsible (if known at application) for assuring the achievement of the required outcomes.

G. The staff training plan specifically as it relates to the provision of program services (including training for specific referral sources).

H. Letters of Support may be included in the applicant's RFP response.

I. Applicants who do not currently contract with the Division must also include the following:

- a. Organization history including mission, and goals.
- b. Overview of agency services.
- c. Documentation of incorporation status.
- d. Agency organization chart.
- e. Agency code of ethics and/or conflict of interest policy.
- f. Most recent agency audit.
- g. Listing of current Board of Directors, officers and terms of each.
- h. Documentation that agency meets qualifying requirements for DHS program contract.
- i. Current Agency Licensure/Accreditation Status.

- j. N.J.S.A. 52:34-13.2 Certification, Source Disclosure Certification form-DPA(formerly Executive Order 129) (signed and dated)
- k. P.L. 2005, Chapters 51 and 271 (for-profit organizations only) (signed and dated)

J. Applicants with current DMHAS contracts must submit a statement asserting the DMHAS has current documentation on items I.“a” through “k” above. An update of any items that are not up-to-date must accompany the current proposal.

Application program narratives must be font size no smaller than 12 and no more than 25 pages in length, excluding budget detail. Pages must be clearly numbered.

X. BUDGET REQUIREMENTS

Provide detailed budget information employing the Annex B categories for expenses and revenues, utilizing the excel template which will be e-mailed to a representative identified by your organization. The budget template will be sent to your agency representative using the e-mail address provided for this purpose at the Bidders’ Conference. The template contains clearly labeled separate areas for the proposed screening services: one to show full annualized operating costs and revenues, one to show one-time costs; and one to show the phase-in operating costs and revenues related to your proposed start-up date through the end of SFY 12.

Send an email with the completed budget template file attached to Joel Boehmler at Joel.Boehmler@dhs.state.nj.us. The budget is due at the same time as the rest of the proposal.

Conform all proposed budget data, to the provisions of the DHS Contract Policy & Information Manual, and the DHS Contract Reimbursement Manual. All approved budgets, as included in signed contracts with the awardees, will be subject to the provisions in these manuals, which can be accessed from the Office of Contract Policy and Management (OCPM) webpage at:

http://dhs.state.nj.us/humanservices/ocpm/contract_manuals.htm

Provide budget notes where necessary to help explain costs and assumptions made regarding certain non-salary expenses and the calculations behind various revenue estimates. Applicants must provide a detailed schedule supporting their calculations for each type of contemplated revenue. Narrative budget notes, detailing assumptions behind proposed costs and revenues must be included in the applicant’s response. Please note that reviewers will need to fully understand the budget projections from the information presented, and failure to provide adequate narrative information could result in lower ranking of the proposal. Put notes to the maximum extent possible right on the budget template file.

For personnel line items, do not include staff names, but do include the staff position titles and hours per workweek and credentials

Present Staff Fringe Benefit expenses as a percentage factor of total salary costs, consistent with the applicant's current Fringe Benefits percentage.

Provide the number of hours associated with each line of any clinical consultants so that cost/hour may be considered by evaluators.

If applicable, include General and Administrative (G & A) expenses, otherwise known as indirect or overhead costs, if attributable and allocable to the proposed program. Because administrative costs for existing DMHAS programs reallocated to a new program do not require new DMHAS resources, limit your G & A expense projection to "new" G & A only by showing the full amount as an expense and the offsetting savings in other programs in the revenue section.

Express written assurance that if your organization receives an award pursuant to this RFP you will pursue all available sources of revenue and support upon award and in future contracts including your agreement to obtain certification as a Medicaid-eligible provider. Failure to maintain certification may result in termination of the service contract.

XI. MANDATORY BIDDERS CONFERENCE

All applicants intending to submit a proposal in response to this RFP must attend a mandatory bidders' conference. Proposals submitted by an applicant not in attendance will not be evaluated or considered. Potential applicants may pre-register for the bidders' conference by contacting Ms. Cynthia Hamilton at 609-777-0678 (Cynthia.Hamilton@dhs.state.nj.us) or may register at the bidders' conference, which will be held:

Date: Wednesday, January 25, 2012
Time: 1PM – 3PM
Location: Division of Mental Health and Addiction Services
Capital Center, 50 E. State St.
Room 336
PO BOX 727
Trenton, NJ 08625-0727

XII. SUBMISSION INSTRUCTIONS

Respondents must submit proposals electronically in PDF format by no later than 4 p.m. February 29, 2012 to Roger Borichewski, Assistant Director, Division of Mental Health and Addiction Services, Office of Prevention, Early Intervention and Community Services at roger.borichewski@dhs.state.nj.us. Additionally, one hard copy of the proposal with an original signature and six additional hard copies must be submitted to the attention of Roger Borichewski no later than 4:00 pm, February 29, 2012, at the following address:

Division of Mental Health and Addiction Services
Capital Center, 50 E. State St.
PO BOX 727

Trenton, NJ 08625-0727

Also electronically submit a PDF copy of the proposal and four hard copies to the applicable County Mental Health Administrator by February 29, 2012. An email listing of the mental health administrators is attached to this RFP.

Please note that no format other than the PDF and one original signed hard copy and six additional hard copies will be accepted for this RFP. Proposals submitted after 4 pm on February 29, 2012 will not be accepted.

XIII. REVIEW OF PROPOSALS AND NOTIFICATION OF DECISIONS

There will be a review process for all timely submitted proposals which meet all the requirements outlined in this RFP.

DMHAS will convene an RFP review committee to review and score proposals submitted in response to the current RFP. This review committee will consist of State of NJ employees, including staff from the DMHAS Regional Offices and DMHAS Central Office. Recommendations from the respective County Mental Health Boards will be requested and carefully considered in the award determination process. Recommendations from the County Mental Health Boards should be submitted by no later than March 21, 2012 to ensure they are an integral part of the proposal evaluation process. Recommendations are to be submitted to Roger Borichewski, Assistant Director, Division of Mental Health and Addiction Services, Office of Community Services at the email or mailing address listed in Section XII of this RFP.

DMHAS recognizes the invaluable perspectives and knowledge that consumers and family members possess regarding psychiatric services. Input from consumers and family members is an integral component of a system that holds Wellness and Recovery principles at its core. Consequently, the Division will convene an advisory group consisting of consumers and families. The consumer and family advisory group will meet with members of the RFP review committee, providing their input regarding each of the proposals submitted.

The DMHAS reserves the right to reject any and all proposals when circumstances indicate that it is in the public's best interest to do so including geographic inability to accommodate or sustain IOC due to extenuating circumstances related to other governmental agencies involved in the implementation of IOC.

The DMHAS will notify all applicants of preliminary award decisions by April 4, 2012.

XIV. APPEAL OF AWARD DECISIONS

Appeals of any award determinations may be made only by the respondents to this proposal. All appeals must be made in writing and must be received by the DMHAS at the address below no later than April 12, 2012. The written request must clearly set forth the basis for the appeal

Appeal correspondence should be addressed to:

Lynn Kovich, Assistant Commissioner
NJ Division of Mental Health and Addiction Services
Capital Center
50 East State Street P.O. Box 727
Trenton, New Jersey 08625-0727

Please note that all costs incurred in connection with any appeals of DMHAS decisions are considered unallowable costs for purposes of DMHAS contract funding.

The DMHAS will review any appeals and render final funding decisions by April 19, 2012. Awards will not be considered final until all timely appeals have been reviewed and final decisions rendered.

NJ County Mental Health Administrators

COUNTY	ADMINISTRATOR	EMAIL ADDRESS
Atlantic	Sally Williams	Williams_sally@aclink.org
Bergen	Susan Boggia	sboggia@co.bergen.nj.us
Burlington	Gary Miller	gmiller@co.burlington.nj.us
Camden	Charles Steinmetz	Chuck.steinmetz@us.army.mil
Cape May	Patricia Devaney	devaneyp@co.cape-may.nj.us
Cumberland	Jack Surrency	jacksu@co.cumberland.nj.us
Essex	Joseph Scarpelli	JPSDC@aol.com
Gloucester	Kathy Spinosi	kspinosi@co.gloucester.nj.us
Hudson	Robin James	rjames@hcnj.us
Hunterdon	Cathy Zahn	czahn@co.hunterdon.nj.us
Mercer	Michele Madiou	mmadiou@mercercounty.org
Middlesex	Lori Dillon	Lori.dillon@co.middlesex.nj.us
Monmouth	Barry Johnson	bjohnson@co.monmouth.nj.us
Morris	Laurie Becker	lbecker@co.morris.nj.us
Ocean	Tracy Maksel	tmaksel@co.ocean.nj.us
Passaic	Francine Vince	francinev@passaiccountynj.org
Salem	Kathy Spinosi	kspinosi@co.gloucester.nj.us
Somerset	Pam Mastro	mastro@co.somerset.nj.us
Sussex	Christine Florio	cflorio@sussex.nj.us
Union	Katie Regan	kregan@ucnj.org
Warren	Shannon Brennan	sbrennan@co.warren.nj.

**STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES****ADDENDUM TO REQUEST FOR PROPOSAL
FOR SOCIAL SERVICE AND TRAINING CONTRACTS**

Executive Order No. 189 establishes the expected standard of responsibility for all parties that enter into a contract with the State of New Jersey. All such parties must meet a standard of responsibility which assures the State and its citizens that such parties will compete and perform honestly in their dealings with the State and avoid conflicts of interest.

As used in this document "provider agency" or "provider" means any person, firm, corporation, or other entity or representative or employee thereof which offers or proposes to provide goods or services to or performs any contract for the Department of Human Services.

In compliance with Paragraph 3 of Executive Order No. 189, no provider agency shall pay, offer to pay, or agree to pay, either directly or indirectly, any fee, commission, compensation, gift, gratuity, or other thing of value of any kind to any State officer or employee or special State officer or employee, as defined by N.J.S.A. 52:13D-13b and e, in the Department of the Treasury or any other agency with which such provider agency transacts or offers or proposes to transact business, or to any member of the immediate family, as defined by N.J.S.A. 52:13D-13i, of any such officer or employee, or any partnership, firm, or corporation with which they are employed or associated, or in which such officer or employee has an interest within the meaning of N.J.S.A. 52:13D-13g.

The solicitation of any fee, commission, compensation, gift, gratuity or other thing of value by any State officer or employee or special State officer or employee from any provider agency shall be reported in writing forthwith by the provider agency to the Attorney General and the Executive Commission on Ethical Standards.

No provider agency may, directly or indirectly, undertake any private business, commercial or entrepreneurial relationship with, whether or not pursuant to employment, contract or other agreement, express or implied, or sell any interest in such provider agency to, any State officer or employee or special State officer or employee having any duties or responsibilities in connection with the purchase, acquisition or sale of any property or services by or to any State agency or any instrumentality thereof, or with any person, firm or entity with which he is employed or associated or in which he has an interest within the meaning of N.J.S.A. 52:13D-13g. Any relationships subject to this provision shall be reported in writing forthwith to the Executive Commission on Ethical Standards, which may grant a waiver of this restriction upon application of the State officer or employee or special State officer or employee upon a finding that the present or proposed relationship does not present the potential, actuality or appearance of a conflict of interest.

No provider agency shall influence, or attempt to influence or cause to be influenced, any State officer or employee or special State officer or employee in his official capacity in any manner which might tend to impair the objectivity or independence of judgment of said officer or employee.

No provider agency shall cause or influence, or attempt to cause or influence, any State officer or employee or special State officer or employee to use, or attempt to use, his official position to secure unwarranted privileges or advantages for the provider agency or any other person.

The provisions cited above shall not be construed to prohibit a State officer or employee or special State officer or employee from receiving gifts from or contracting with provider agencies under the same terms and conditions as are offered or made available to members of the general public subject to any guidelines the Executive Commission on Ethical Standards may promulgate.

**Department of Human Services
Statement of Assurances**

As the duly authorized Chief Executive Officer/Administrator, I am aware that submission to the Department of Human Services of the accompanying application constitutes the creation of a public document and as such may be made available upon request at the completion of the RFP process. This may include the application, budget, and list of applicants (bidder's list). In addition, I certify that the applicant:

- Has legal authority to apply for the funds made available under the requirements of the RFP, and has the institutional, managerial and financial capacity (including funds sufficient to pay the non Federal/State share of project costs, as appropriate) to ensure proper planning, management and completion of the project described in this application.
- Will give the New Jersey Department of Human Services, or its authorized representatives, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with Generally Accepted Accounting Principles (GAAP). Will give proper notice to the independent auditor that DHS will rely upon the fiscal year end audit report to demonstrate compliance with the terms of the contract.
- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. This means that the applicant did not have any involvement in the preparation of the RFP, including development of specifications, requirements, statement of works, or the evaluation of the RFP applications/bids.
- Will comply with all federal and State statutes and regulations relating to non-discrimination. These include but are not limited to: 1.) Title VI of the Civil Rights Act of 1964 (P.L. 88-352;34 CFR Part 100) which prohibits discrimination on the basis of race, color or national origin; 2.) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794; 34 CFR Part 104), which prohibits discrimination on the basis of handicaps and the Americans with Disabilities Act (ADA), 42 U.S.C. 12101 et. seq.; 3.) Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 et. seq.; 45 CFR part 90), which prohibits discrimination on the basis of age; 4.) P.L. 2975, Chapter 127, of the State of New Jersey (N.J.S.A. 10:5-31 et. seq.) and associated executive orders pertaining to affirmative action and non-discrimination on public contracts; 5.) federal Equal Employment Opportunities Act; and 6.) Affirmative Action Requirements of PL 1975 c. 127 (NJAC 17:27).
- Will comply with all applicable federal and State laws and regulations.
- Will comply with the Davis-Bacon Act, 40 U.S.C. 276a-276a-5 (29 CFR 5.5) and the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.27 et. seq. and all regulations pertaining thereto.
- Is in compliance, for all contracts in excess of \$100,000, with the Byrd Anti-Lobbying amendment, incorporated at Title 31 U.S.C. 1352. This certification extends to all lower tier subcontracts as well.
- Has included a statement of explanation regarding any and all involvement in any litigation, criminal or civil.
- Has signed the certification in compliance with federal Executive Orders 12549 and 12689 and State Executive Order 34 and is not presently debarred, proposed for debarment, declared ineligible, or voluntarily excluded. Will have on file signed certifications for all subcontracted funds.
- Understands that this provider agency is an independent, private employer with all the rights and obligations of such, and is not a political subdivision of the Department of Human Services.
- Understands that unresolved monies owed the Department and/or the State of New Jersey may preclude the receipt of this award.

Applicant Organization

Signature: Chief Executive Officer or Equivalent

Date

Typed Name and Title

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary
Exclusion
Lower Tier Covered Transactions

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of facts upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions,

unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.